Interior Health Authority

2013/14 – 2015/16 SERVICE PLAN

July 2013

Interior Health

BRITISH COLUMBIA
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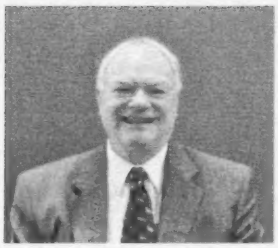
Message from the Board Chair and Accountability Statement



On behalf of the Interior Health Board of Directors, I am pleased to present our three year Service Plan. This Plan includes an organizational overview, environmental scan, key three year priorities, and the strategic initiatives we will undertake in pursuit of our vision. The health authority's goals are aligned with the Ministry of Health's Innovation and Change Agenda and focus on improving health and wellness, delivering high quality care in our communities and facilities, ensuring sustainable health care, and engaging our workforce within a healthy work environment.

In challenging global economic times, governments across Canada face difficult choices regarding health system funding. British Columbia is not immune from this challenge. While Interior Health continues to receive annual increases in funding year after year, the amount of the increase is less than in years previous. Expansion of existing programs and establishment of new programs frequently have to come from savings found elsewhere in the health system and through innovations in how we deliver care.

Unlike more urban areas of British Columbia, Interior Health covers a large geography with difficult terrain and has a dispersed, relatively rural population. While our region provides residents with many incredible opportunities not available elsewhere, it can be challenging to deliver health services. Recent investments in air and ground emergency transport services are helping bridge distances between the patient and care. Telehealth investments are bringing care closer to home for many residents. With the establishment of cardiac services in Kelowna and the opening of the Interior Heart and Surgical Centre in 2015, we will provide even more quality care for our residents closer to home, saving them from having to travel to the lower mainland.

Through prevention and early intervention initiatives the health system can have a positive impact on the growing burden of chronic disease in our population. Interior Health will aggressively pursue a number of objectives under the Healthy Families BC program this fiscal year, including Healthy Eating, Healthy Start, Healthy Schools and Healthy Communities initiatives. We will work with health, education and community partners to achieve success in this area.

A reduction in the growth in demand on the acute care system can be achieved through more robust programming and services at the community level. Working with physicians and other community based health professionals; Interior Health will strengthen the integration of primary care and community care for critical populations including chronic obstructive pulmonary disorder clients, the frail elderly, and individuals with significant mental health and substance use disorders.

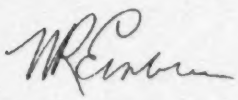
Improving quality care in Interior Health's acute care facilities will be a continued focus this fiscal year. Through implementation of Clinical Care Management guidelines we will be able to improve patient outcomes, reduce lengths of stay, and return patients to their homes and families sooner and healthier.

Interior Health is a people focused organization, both on our clients and on our more than 20,000 health professionals that provide services to our residents and communities every day. Our goal of cultivating an engaged workforce and a healthy workplace focuses efforts on our staff, and physicians who work in our facilities, to ensure that we can best support these health professionals in meeting patient, client and resident needs while providing a safe and healthy workplace.

Improving and expanding our capital infrastructure is an important priority for Interior Health. Recent completions of expansions at Kelowna General, Vernon Jubilee and Kootenay Lake Hospitals are providing high quality environments in which care is now being provided. Expansions at Royal Inland and East Kootenay

Regional Hospitals have been announced with construction beginning this fiscal year, and planning for service expansion at Cariboo Memorial and Penticton Regional Hospitals continue. I want to express the Board of Directors' appreciation to our Regional Hospital District, Foundation and Auxiliary partners whose financial contributions to these capital expansions have been invaluable. To better meet the needs of the frail elderly, Interior Health has opened approximately 500 new residential care beds across our region over the past twelve months.

The *2013/14 Interior Health Service Plan* was prepared under the Board of Directors' direction in accordance with the *Health Authorities Act* and the BC Reporting Principles. The Service Plan is consistent with Government's strategic priorities and Strategic Plan, and the Ministry of Health's goals, objectives and strategies. Interior Health's Board of Directors is accountable for the contents of the Service Plan.



Norman Embree
Board Chair

December 5, 2013

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Organizational Overview

Interior Health (IH) is mandated by the *Health Authorities Act* to plan, deliver, monitor, and report on publicly funded health services for the people that live within its boundaries. Interior Health's Vision, Mission, Values, and Guiding Principles inform how it delivers on its legislated mandate.

Interior Health provides health services to over 740,000 people across a large geographic area covering almost 215-thousand square kilometres, the geography of which includes larger cities and a multitude of rural and remote communities. Population health needs across the continuum of care drive the mix of services and enabling supports Interior Health provides. This continuum includes staying healthy, getting better, living with illness, and coping with end of life.

Structurally, Interior Health has both service delivery and support portfolios. Service delivery portfolios include:

- Community Integrated Health Services
- Residential Care
- Acute Services

A variety of support portfolios enable the delivery of care. These include (but are not limited to): Medicine and Quality, Human Resources, Professional Practice, Infection Prevention and Control, Information Management/Information Technology, Laboratory, Diagnostic Imaging, Pharmacy, Planning, Allied Health, Financial Services, Food Services, Housekeeping, Laundry, and Communications & Public Affairs.

Vision

To set new standards of excellence in the delivery of health services in the Province of British Columbia.

Mission

Promote healthy lifestyles and provide needed health services in a timely, caring and efficient manner, to the highest professional and quality standards.

Our Values

Quality, Integrity, Respect, Trust.

Our Principles

Innovative, Clear and Respectful Communication, Continual Learning and Growth, Teamwork, Equitable Access, Evidence-based Practice.

Service delivery is coordinated through a regional "network of care" that includes hospitals, community health centres, residential and assisted living facilities, supports for housing for people with mental health and substance use problems, primary health clinics, homes, schools, and other community settings. Health services are provided by Interior Health staff and through contracted providers.

Interior Health is governed by a nine-member Board of Directors appointed by and responsible to the Provincial Government. The primary responsibility of the Board is to foster Interior Health's short- and long-term success while remaining aligned with its responsibility to Government and stakeholders.

The day-to-day operations of IH are led by the Chief Executive Officer and a team of senior executives. The Senior Executive Team is responsible for leading strategic and operational services for the health authority and for meeting the health needs of the population of the region in an effective and sustainable manner. Further information about Interior Health's service sectors, Senior Executive Team, and board policies that may be of interest to stakeholders (as identified in the Disclosure Report on Governance Policies and Practices submitted to the Province's Board Resourcing and Development Office) can be accessed at www.interiorhealth.ca.

Strategic Context

The health system in British Columbia is a complex network of skilled professionals, organizations and groups that work together to provide value for patients, the public and taxpayers. The key challenge facing the health system is to deliver a high performing sustainable health system (from prevention to end-of-life care) in the context of significant growth in demand.

Although the British Columbia health system effectively meets the majority of the population's health needs, it continues to be challenged by an increasing demand for health services. The most significant drivers of rising demand are the aging population, the increasing need to provide care to frail seniors, a rising burden of illness from chronic diseases, mental illness and cancer, and advances in technology and pharmaceuticals that drive new costly procedures and treatments. Demand pressures are compounded by the need for new care delivery models by health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e. buildings and equipment). With current economic challenges facing B.C. such as the threatened stability of global financial markets, slower than anticipated economic growth in Asia dampening demand for B.C. exports, and a weakening of the US dollar impacting financial markets, it is even more important for the health system to find new and creative ways to ensure the resources available for health care services are used effectively and in ways that most benefit the people of British Columbia and Interior Health.

Within the British Columbia context, this Service Plan is based on an understanding of Interior Health's current operations, and of trends and challenges that may impact delivery of health care services into the future. When determining Interior Health's direction, key trends and challenges are considered and include: population characteristics; the increasing incidence of chronic diseases; the mix of rural and urban communities; advances in technology and pharmaceuticals; shortfalls in human resources; and infrastructure demands. While these trends are largely outside of Interior Health's control, specific actions are outlined in this Service Plan to influence their impact or outcome.

Population Characteristics

Population characteristics are one of the many factors considered in the planning and delivery of health services provincially and within Interior Health.

In 2012, British Columbia's senior population, aged 65 and over, made up 16 per cent of the province's total population and is expected to almost double within the next 20 years, making it one of the fastest growing seniors populations in Canada.[1] The aging population is a significant driver of demand as the need for health services rises dramatically with age. In 2009/10 people over age 65 made up 15 per cent of the B.C. population, but used 34 per cent of physician services, 49 per cent of acute care services, 47 per cent of PharmaCare expenditures, 76 per cent of home and community care services and 93 per cent of residential care services.[2]

Interior Health also continues to face both a growing and an aging population. The total IH population is projected to be approximately 750,900 in 2013, representing 16.1% per cent of the British Columbia population.[3] Between 2013 and 2018, the total population is projected to increase by 4.4 per cent or approximately 33,200 people. The population in IH over the age of 65 is forecast to be 20.0 per cent in 2013 and increase to 22.4 per cent in 2018. The five year growth rate for the IH over 75 populations is expected to be slightly more rapid than the British Columbia growth rate for this age group. The population over age 85 is also growing, which presents the health system with an increased need to provide appropriate care for those

[1] PEOPLE 2012 Population Data, BC Stats

[2] Planning and Innovation Division, Ministry of Health; using MSP Expenditures 2009/10; Acute Care: Inpatient and Day Surgery workload weighted cases, DAD 2009/10; HCC community and Residential Care services by age group 2009/10, summed based on average unit costs.

[3] PEOPLE 2012 Population Data, BC Stats

with frailty or dementia who are unable to live independently at home. This group is forecast to grow by 14.2 per cent in the coming five years.

In 2006, there were 44,900 people who identified with an Aboriginal group living in the Interior Health region, constituting 6.7 per cent of the overall IH population (British Columbia's overall rate is 4.8 per cent).[4] While improvements in overall mortality and increasing life expectancy in the Aboriginal population have been made, significant gaps in health status between Aboriginal and non-Aboriginal populations still exist. For instance, the Aboriginal population in B.C. experiences a disproportionate rate of chronic diseases and injuries compared to other British Columbia residents.[5]

Within Interior Health, there are notable variations in health status and other social determinants of health. Premature mortality has been generally accepted as a good measure of health status and health needs in the population. Vital Statistics 2011 data for potential years of life lost index indicate significant variation in premature mortality across IH Local Health Areas (LHAs)[6], with Kimberley and Golden having very low ranking on the index and Revelstoke, Princeton, and Fernie having high premature mortality. Provincial socio-economic risk indices highlight the relatively low socio-economic status for Cariboo - Chilcotin, Lillooet and Merritt LHAs. Rural areas are often at increased risk of poorer health outcomes and socio-economic risk measures.

A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis, asthma and some cancers. People with chronic conditions represent approximately 38 per cent of the British Columbia population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.[7] Chronic diseases are more common in older populations and it is projected that the prevalence of chronic conditions within British Columbia could increase 58 per cent over the next 25 years[8] and be a significant driver of demand for health services. Chronic diseases can be prevented or delayed by addressing key risk factors, including physical inactivity, unhealthy eating, obesity, alcohol consumption and tobacco use.

The Rural / Urban Mix

Interior Health covers a large geographic area and serves larger, urban centres alongside a large number of small, rural and remote communities. Only 11 of the 59 incorporated communities in the health authority have a population of 10,000 or more.[9] Within IH there are 55 First Nations Bands, the majority of which are rurally located. Many incorporated rural communities and First Nations Bands may be geographically isolated, and cannot support the same number or types of services available in larger centres. On the other end of the spectrum, there are several larger, growing cities in the health authority that accommodate higher population density and diversity. Urban centers are more complex environments that often have large concentrations of populations with specific health concerns (like isolated seniors or unemployed youth). The challenge for Interior Health is to identify and provide the right mix of services within each community, and to consider how these services will link across the health authority to provide integrated and coordinated care.

From a change perspective, the vast geographic area of IH and the mix of rural and urban populations present challenges in planning and implementing new initiatives in communities. Engaging with our staff, physicians and communities will be essential to implementing key initiatives across Interior Health.

Advances in Technology and Pharmaceuticals

New treatment and technology development over the past 10 years has included less invasive surgery, increased use of diagnostic imaging and the introduction of biological and tailored drug therapies that have

[4] BC Stats. Statistical Profile of Aboriginal Peoples 2006, Interior Health Authority.
[5] British Columbia Provincial Health Officer (2009). Pathways to Health and Healing – 2nd Report on the Health and Well-being of Aboriginal People in British Columbia. Provincial Health Officer's Annual Report 2007. Ministry of Healthy Living and Sport.
[6] British Columbia Vital Statistics Agency. Selected Vital Statistics and Health Status Indicators Annual Report 2011.
[7] Discharge Abstract Database (DAD), Medical Services Plan and PharmaCare data 2006/07.
[8] BC Ministry of Health, Medical Services Division, *Chronic Disease Projection Analysis*, march 2007, (2007-064); as cited in Primary Health Care Charter: a collaborative approach (2007), Ministry of Health
[9] BC Stats. Demographic Analysis Section. Ministry of Citizens' Services and Open Government. Municipal Estimates, 2006 – 2012.

made health care more efficient and effective, but has also led to a significant increase in demand for products and services. For example, Interior Health has experienced increases in both the number of MRI and CT exams. Between 2003/04 and 2012/13, the number of MRI exams increased 193 per cent while CT exams increased 99.5 per cent.[10] Additionally, the number of joint replacement procedures performed within Interior Health has also increased. In Interior Health, the number of hip replacements has increased by 65 per cent to 1,014 and the number of knee replacements by 97 per cent to 1,500 between 2001/02 and 2011/12.[11]

Human Resources and Health System Infrastructure

Although attrition rates have recently decreased, projected retirements in the health sector workforce, combined with the rising demand for services are still key challenges that will impact the Province's ability to maintain an adequate supply and mix of health professionals and health care workers. Planning for and ensuring that we have the required number of qualified health care providers entering the workforce is still important. However, we also need to continue focusing on redesigning health service delivery models so that we are fully leveraging the skill sets of professionals, including creating and supporting integrated health care teams. Through building and maintaining healthy, supportive workplaces that enhance working and learning conditions, we have the opportunity to attract and retain the workforce we need to provide high quality services while ensuring we are flexible enough to adapt to the changing needs of the population as we move forward.

Anticipated retirements by physicians and clinical staff in the coming five to ten years are expected to contribute additional challenges for health service delivery in Interior Health. Physician shortages are exacerbated by the fact that younger cohorts of physicians generally work fewer hours compared with older cohorts.[12] This is often compounded in rural areas, where difficulty recruiting and retaining physicians and clinical staff can limit sustainability of services. Clearly, the health care workforce must change in response to the trends and challenges outlined in this section.

Another challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure, which is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure it provides high quality and safe health care to British Columbians. Interior Health continues to invest available capital funds in new equipment, new facilities and expansions or upgrades to existing facilities and equipment but with the limited investments to date, the organization's capital assets are approaching the end of their useful life.

[10] Radiology Information System, IH Meditech System.
[11] Discharge Abstract Database, April 2013, Information Support Interior Health
[12] Watson DE, Katz A, Reid RJ, Bogdanovic B, Roos N, Heppner P. Canadian Medical Association Journal. 2004 August 17; 171(4):339-342

Goals, Objectives, Strategies and Performance Measures

IH Goal 1: Improve Health and Wellness

Interior Health will enable people to live healthier lives by working at the environmental, policy, community and individual levels to protect the health of the population and reduce health inequities.

Strategies

- Support communities, schools, and workplaces in promoting healthy lifestyles through a focus on healthy eating, increased physical activity, decreased sodium and sugary drink consumption, tobacco reduction, and mental health promotion.
- Continue implementation of Healthy Families BC through Healthy Eating, Healthy Start, Healthy Schools, and Healthy Communities activities including participating in the provincial Informed Dining Program, implementation of the BC Healthy Connections Project, supporting a comprehensive school health approach, and working with local governments in developing healthy community action plans.
- Meet the needs of First Nations and Aboriginal communities by collaborating with them to plan and deliver culturally sensitive health care services.
- Assess, recommend, and implement actions to improve the health of IH's population.
- Partner with patients, clients, residents and their families to participate, as they choose, in the delivery of their health care and in the planning, design, and evaluation of health services.

Performance Measure 1: Healthy Communities

Performance Measure	BASELINE (2010/11)	2013/14 Target	2014/15 Target	2015/16 Target
Percent of communities that have completed healthy living strategic plans	0%	29%	31%	34%

Data Source: Survey, ActNow BC Branch, Population and Public Health Division, Ministry of Health.

Discussion

Community efforts to support healthy living through planning, policy, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will decrease the number of British Columbians who develop chronic diseases. The Ministry is advising communities on comprehensive healthy living plans and local governments and their regional health authorities are building closer working structures to facilitate health promotion at the community level.

IH Goal 2: Deliver High Quality Care

Provide care that is accessible, safe, effective, evidence informed, and delivered in the most appropriate setting. This care will be respectful of and responsive to the preferences and values of patients, clients, residents, and their families.

Strategies

- Work with partners to shift care to the community to best meet population and individual health care needs including establishing a community based health care system (Integrated Primary and Community Care – IPCC) developed in collaboration with physicians and teams of professionals to support patients and caregivers to effectively manage their own health.
- Implement IPCC Acceleration Initiatives such as Breathe Well for clients with chronic obstructive pulmonary disease, Home First for clients at high risk for admission into residential care or hospital beds, and the integration of mental health and substance use services with primary care for patients with severe mental illness or serious substance use disorders.
- Develop and implement health improvement strategies for targeted populations. Based on population health needs, plan, implement, and evaluate services to ensure the provision of optimal care focusing on chronic conditions with the greatest burden of disease.
- Improve integrated services for Mental Health and Substance Use (MHSU) clients by continuing implementation of the hospital to community diversion strategies, developing strategies for the provision of MHSU services for Aboriginal population, and implementing a MHSU Network.
- Improve services for the frail elderly, implement the IH End of Life Plan in alignment with the provincial Seniors Action Plan, and implement the Advanced Care Planning Policy.
- Improve patient flow and ensure access by integrating services across the organization. This includes developing a plan for alternative housing and care options, a multi-disciplinary approach to discharge planning, and continued implementation of the Alternate Level of Care strategy.
- Develop quality and safety governance models and a rural strategy for laboratory and diagnostic imaging services.
- Improve quality of and access to surgical services by continuing implementation of care pathways, establishing a new surgical governance structure, and implementation of the Medical Device Reprocessing Quality Assurance Plan.
- Improve quality of and access to cardiac services by implementing cardiac Telehealth clinics, complete the design for the Interior Heart and Surgical Centre (IHSC) at Kelowna General Hospital, and continue implementation of the transition of the IH Cardiac Program.
- Improve patient transport services and improve access to and quality of emergency services.
- Develop and implement a phased plan for Clinical Care Management guidelines and implement other evidence informed guidelines and safety initiatives.
- Improve physician credentialing, privileging, and peer-review processes to improve the quality of care and public confidence in the services.

Performance Measure 2: Managing Chronic Disease in the Community

Performance Measure	BASELINE (2009/10)	2013/14 Target	2014/15 Target	2015/16 Target
Number of people with a chronic disease admitted to hospital (per 100,000 people aged less than 75 years)	329	270	248	227

Data Source: Discharge Abstract Database, Management Information Branch, Planning and Innovation Division, Ministry of Health

Discussion

This performance measure tracks the number of people with selected chronic diseases, such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with chronic diseases need the expertise and support of family doctors and other health care providers to manage their disease in the community in order to maintain their functioning and reduce complications that will require more medical care. Proactive disease management reduces hospitalizations, emergency department visits, some surgeries and repeated diagnostic testing, all of which help to control the costs of health care. As part of a larger initiative of strengthening community based health care and support services, family doctors, home health care providers and other health care professionals are working to provide better care in the community and at home to help people with chronic disease to remain as healthy as possible.

Performance Measure 3: Home Health Care and Support for Seniors

Performance Measure	BASELINE (2009/10)	2013/14 Target	2014/15 Target	2015/16 Target
Percent of people aged 75+ receiving home health care and support	18.2%	18.4%	18.5%	18.6%

Data Source: P.E.O.P.L.E. 35, population estimates, BC Stats 2. Continuing Care Data Warehouse, Management Information Branch, Health System Planning Division, Ministry of Health. A small amount of baseline data is currently unavailable due to the transition to new reporting mechanisms. 3. Home and Community Care Minimum Reporting Requirements (HCCMRR) Data Warehouse, Management information Branch, Health System Planning Division, Ministry of Health.

Discussion

This performance measure tracks the percent of seniors (aged 75+ yrs) who receive home health care such as home nursing and rehabilitative care, clinical social work, light housekeeping, assisted living and adult day programs. While the majority of seniors experience healthy aging at home, there is growing need for community care options to support those who can no longer live independently. This support helps people manage chronic disease and frailty, and may prevent falls or other incidents that can potentially result in hospital care or require a move to a residential care setting. As part of a larger initiative of strengthening community-based health care and support services, the health authorities are expanding home health care services and ensuring that high risk seniors are made a priority in the provision of care. This focus, combined with the use of technology, can significantly improve health outcomes for seniors.

Performance Measure 4: Access to Surgery

Performance Measure	BASELINE (2011/12)	2013/14 Target	2014/15 Target	2015/16 Target
Percent of non-emergency surgeries completed within the benchmark wait time	71%	75%	80%	87%

Data Source: Surgical Wait Times Production (SWTP), Management Information Branch, Health System Planning Division, Ministry of Health. Notes:
1. The total wait time is the difference between the date the booking form is received at the hospital and the report date (end of the month). The day the booking form is received at the hospital is NOT counted.
2. This measure uses adjusted wait times that are calculated by excluding periods when the patient is unavailable from the total wait time.

Discussion

In the last several years, British Columbia's health system has successfully reduced wait times for cataract, hip and knee replacement, hip fracture and cardiac surgeries. Expanded surgical activity and patient-focused funding, combined with continuous effort to foster innovation and efficiency in British Columbia's hospitals, will improve the timeliness of patients' access to an expanding range of surgical procedures. This performance measure will track whether non-emergency surgeries are completed within established benchmark wait times. These benchmark wait times are new and give a priority rating for each surgical patient, based on individual need. Because of the need to 'catch up' on surgeries for patients without a priority rating who have already been waiting, surgery for some patients with the new priority rating may be delayed.

IH Goal 3: Ensure Sustainable Health Care by Improving Innovation, Productivity, and Efficiency

Interior Health will promote new ways of working to provide better service and reduce costs.

Strategies

- Implement innovative approaches and service delivery models. This includes:
  - Achieving financial targets and cost savings through consolidation, participation in the BC Health Authority Shared Services Organization, workforce utilization, and the BC Rural Collaborative
  - Establishing and implementing action plans to achieve benchmark targets, value, and productivity performance
  - Developing a strategy that identifies priority areas for Telehealth and enhancing Telehealth infrastructure
  - Implementing LEAN strategy in targeted service lines and prioritized projects
- Develop priority plans and transparent decision-making and accountability processes to achieve objectives and mitigate risks. This includes:
  - Implement planning, performance monitoring and evaluation processes to support organization alignment, improvement quality, and decision making
  - Ensuring all levels of IH are capable of responding to and managing significant incidents, disasters, and emergencies
  - Embedding the Enterprise Risk Management Framework into Interior Health's strategic planning cycle by having risk registers reviewed and refreshed on a semi-annual basis
- Develop health human resource plans including effective recruitment and retention strategies, a Learning and Development Strategy, and business continuity and succession plans.
- Enhance information technology solutions to meet population health service needs including implementing BC eHealth initiatives within IH and enhancing quality and meeting wait time targets by implementing the Provincial Surgical Booking System.
- Engage in community consultations and partner with community stakeholders. This includes strengthening connections with local elected officials and community stakeholders as well as working with directors and managers in all portfolios to identify and support community engagement opportunities to ensure the public voice is heard regarding potential service changes and health improvement.

IH Goal 4: Cultivate an Engaged Workforce and a Healthy Workplace

Enhance relationships and encourage all who work and volunteer with Interior Health to reach their full potential. Advance practices in the workplace that address health and safety issues and influence individual lifestyle choices.

Strategies

- Create a healthy and safe work environment including developing and implementing wellness and safety initiatives.
- Improve employee, physician, and volunteer engagement by building on the metrics and tools from the Gallup Employee Engagement Survey and continue implementation of the IH wide engagement strategy.
- Work collaboratively with partners to enhance leadership capacity.

Performance Measure 5: Nursing Overtime

Performance Measure	BASELINE (2010 calendar year)	2013/14 Target	2014/15 Target	2015/16 Target
Nursing overtime hours as a percent of productive nursing hours	3.0%	<= 3.4%	<=3.3%	<= 3.3%

Data Source: Based on calendar year. Health Sector Compensation Information System (HSCIS). Health Employers Association of British Columbia (HEABC).

Discussion

This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses work. Overtime is a key indicator of the overall health of a workplace. High rates of overtime may reflect inadequate staffing or high levels of absenteeism, resulting in workload issues and increased costs. Reducing overtime rates by addressing the underlying causes not only assists in reducing direct (e.g. labour) and indirect (e.g. disengaged staff) costs to the health system, it also helps promote both patient and caregiver safety.

Financial Summary

($ millions)	2012/13 Actual	2013/14 Budget	2014/15 Plan	2015/16 Plan
OPERATING SUMMARY				
Provincial government sources	1,709.3	1,758.9	1,796.9	1,840.0
Non-provincial government sources	147.8	145.9	147.3	147.5
Total Revenue:	1,857.1	1,904.8	1,944.2	1,987.5
Acute Care	1,014.5	1,043.9	1,081.4	1,119.6
Residential Care	356.7	369.4	371.4	373.3
Community Care	183.6	188.3	192.3	193.7
Mental Health & Substance Use	107.8	113.0	113.7	114.3
Population Health & Wellness	54.4	56.4	57.4	57.9
Corporate	131.2	133.8	128.0	128.7
Total Expenditures:	1,848.2	1,904.8	1,944.2	1,987.5
Surplus (Deficit)	8.9	nil	nil	nil
CAPITAL SUMMARY				
Funded by Provincial Government	60.7	95.7	93.4	60.0
Funded by Foundations, Regional Hospital Districts, and other non-government sources	43.7	70.4	51.5	35.5
Total Capital Spending	104.4	166.1	144.9	95.5

Note: Health authorities were required to implement Public Sector Accounting Standards for fiscal 2012/13 which included expenditure reporting by sector. Refinements to sector expenditure reporting have been made since then to improve consistency, transparency and comparability.

Capital Project Summary

The following table lists capital projects that are currently underway and have a project budget greater than $2 million. Some of these projects commenced prior to the 2012/13 fiscal year, some are substantially complete, while others are in the planning stage and will be constructed over the next few years.

Community Name	Facility location	Project Name	Total Project Cost ($ million)
Facility Projects			
Kelowna	Kelowna General Hospital	Interior Heart and Surgical Centre	341.0*†
Kamloops	Royal Inland Hospital	Clinical Services Building	80.5 *
Vernon	Vernon Jubilee Hospital	Inpatient Bed Expansion	29.7 *
Kelowna	Kelowna General Hospital	Coronary Revascularization – Transition Plan	21.1
Cranbrook	East Kootenay Regional Hospital	ICU Redevelopment and Electrical Upgrade	up to 20.0
Nelson	Kootenay Lake Hospital	Emergency Department Redevelopment & CT Scanner	14.9
Kamloops	Royal Inland Hospital	Intensive Care Unit Renovation	11.0
Kamloops	Royal Inland Hospital	Medical Device Reprocessing Redesign and Expansion	10.8
Kelowna	N/A	Land Acquisition	2.8

* Including planning costs
† Excluding project reserves

Contact Information

For more information about Interior Health and the services it provides, visit www.interiorhealth.ca or contact:

Interior Health Administrative Offices
220-1815 Kirschner Road
Kelowna, BC V1Y 4N7
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Fax: 250-862-4201
Email: webmaster@interiorhealth.ca

Hyperlinks to Additional Information

Ministry of Health - www.gov.bc.ca/health/

Interior Health Authority - www.interiorhealth.ca/

Fraser Health Authority - www.fraserhealth.ca

Northern Health Authority – www.northernhealth.ca/

Provincial Health Services Authority - www.phsa.ca/default.htm

Vancouver Coastal Health Authority - www.vch.ca/

Vancouver Island Health Authority - www.viha.ca/

HealthLink BC - www.healthlinkbc.ca